REPORT DOCUMENTATION PAGE

Form Approved OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. AGENCY USE ONLY (Leave bla	nk)	2. REPORT DATE May, 2005	3. REPORT TYPE AND Proceedings Article	DATES (COVERED				
4. TITLE AND SUBTITLE EFFECT OF INDIVIDUAL VA EMPIRICAL MODEL PREDIC TIMES.	5. FUND	ING NUMBERS							
6. AUTHOR(S) L.A. Blanchard, R.F. Wallace,									
7. PERFORMING ORGANIZATION I Biophysics and Biomedical Mod U.S. Army Research Institute o Building 42 - Kansas Street Natick, MA 01760		DRMING ORGANIZATION RT NUMBER							
9. SPONSORING / MONITORING A U.S. Army Medical Research at Fort Detrick, MD 21702		NSORING / MONITORING NCY REPORT NUMBER							
11. SUPPLEMENTARY NOTES									
12a. DISTRIBUTION / AVAILABILIT Approved for public release; dis				12b. DIS	TRIBUTION CODE				
13. ABSTRACT (Maximum 200 words) Prevention of heat illness is an important part of Army training and doctrine. Heat illness has historically been a substantial problem in military operations and training and continues to affect modern forces, increasing morbidity, mortality, and use of health care resources. If adequate hydration and emergency medical management are not available, many cases of exertional heat illness (EHI) are potentially fatal. Therefore the US military is attempting to minimize the risks to Warfighters through predictive modeling and mission planning. Environmental conditions, clothing worn, and activity level can contribute to excess heat storage making it difficult to maintain thermal balance with the environment. This imbalance can eventually lead to the development of heat illness ranging from relatively minor heat exhaustion to life threatening heat stroke. In addition to weather, clothing, and exertion, increased body mass index (BMI) has recently been shown to increase the likelihood of developing exertional heat illness. USARIEM has developed several models to predict Warfighter performance and requirements. One of these models was retrospectively tested on a database of Marine Corp Recruits to determine how sensitive predictions of exercise endurance time are to individual anthropometric differences.									
14. SUBJECT TERMS Heat illness, Thermoregulatory		15. NUMBER OF PAGES 4							
17. SECURITY CLASSIFICATION		ECURITY CLASSIFICATION	19. SECURITY CLASSIFI	CATION	16. PRICE CODE20. LIMITATION OF ABSTRACT				
OF REPORT Unclassified	OI	F THIS PAGE Unclassified	OF ABSTRACT Unclassified		Unlimited				

EFFECT OF INDIVIDUAL VARIABILITY IN BODY SIZE ON EMPIRICAL MODEL PREDICTIONS OF EXERCISE ENDURANCE TIMES

L.A. Blanchard*, R.F. Wallace, W.R. Santee, L.G. Berglund, and M.A. Kolka

US Army Research Institute of Environmental Medicine, Natick, MA *corresponding author laurie.blanchard@na.amedd.army.mil

Introduction

Prevention of heat illness is an important part of Army training and doctrine. Heat illness has historically been a substantial problem in military operations and training and continues to affect modern forces, increasing morbidity, mortality, and use of health care resources. ¹⁻⁴ If adequate hydration and emergency medical management are not available, many cases of exertional heat illness (EHI) are potentially fatal. ^{2,5-8} Therefore the US military is attempting to minimize the risks to Warfighters through predictive modeling and mission planning. Environmental conditions, clothing worn, and activity level can contribute to excess heat storage making it difficult to maintain thermal balance with the environment. This imbalance can eventually lead to the development of heat illness ranging from relatively minor heat exhaustion to life threatening heat stroke. In addition to weather, clothing, and exertion, increased body mass index (BMI) has recently been shown to increase the likelihood of developing exertional heat illness. ⁹⁻¹¹ USARIEM has developed several models to predict Warfighter performance and requirements. One of these models was retrospectively tested on a database of Marine Corp Recruits to determine how sensitive predictions of exercise endurance time are to individual anthropometric differences.

Methods

The model chosen for the simulations is an empirically derived model (EM) with documented performance for Warfighter populations working in the heat. USARIEM has compiled a database of test results from more than 30 years of experiments. From these, a set of predictive equations was developed for soldiers performing physical work in various clothing configurations under a range of environmental conditions. These algorithms are periodically modified as new data are acquired.

All EHI cases occurring among 217,000 male and female Marine Corps recruits entering 12-week basic training at Marine Corps Recruit Depot, Parris Island, SC from 1988-1992 were collected from medical records. ¹¹ The dataset for the simulation was limited to 2453 Marine Corps recruits (669 cases of EHI and 1723 controls matched by training platoon) for whom weather and anthropometric data were available. Both heat acclimatization ¹⁸ and lower BMI ⁹⁻¹¹ have been shown to improve heat tolerance. Since Marine Corps recruits generally increase their physical fitness and decrease BMI throughout this demanding training and since the heat acclimation status of arriving Marine Corps recruits was unknown, the dataset was further constrained to weeks 2-5 of training in order to ensure Marine Corps recruits were fully heat-acclimatized and to decrease the likelihood of large changes in BMI compared with later weeks of training. This reduced the number of EHI cases to 263 with 702 controls matched by training platoon.

The environment chosen for the simulation was $T_{db} = 27^{\circ}C$, RH = 70%, $MRT = 77^{\circ}C$, and wind speed = 2.5 m/s based on average ambient conditions faced by this population. Clothing input for EM was the desert battle dress uniform (dBDU) with insulation or $R_T = 0.2 \text{ m}^{2*}K/W$. Analysis required some assumptions regarding conditions faced by individual Marine Corps recruits which we accounted for in part by matching EHI cases with controls from the same platoon. These matched Marine Corps recruits should have been exposed to similar conditions during training in terms of uniform, activity, and environment.

Results and Discussion

The risk of EHI was found to increase 18% per kg/m² BMI (Odds Ratio = 1.18, 95% CI 1.12-1.24) and 4% per kg weight (Odds Ratio = 1.04, 95% CI 1.02-1.05) for this subgroup of Marine Corps recruits. In this population, weight (76.7 \pm 13.8 kg) and BMI (25.0 \pm 1.9 kg/m²) of subjects experiencing EHI were both significantly greater than weight and BMI of controls (71.9 \pm 12.1 kg, 23.4 \pm 3.1 kg/m², P<0.01) as shown in Table 1.

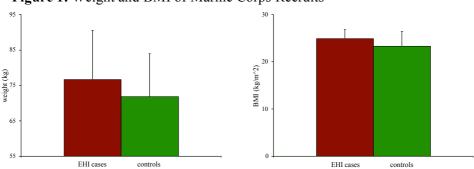
Table 1. Marine Recruit Anthropometry.

	weight range (kg)	mean weight ± std dev (kg)	height range (m)	mean height ± std dev (m)	BMI range (kg/m²)	mean BMI ± std dev (kg/m²)
EHI Cases	41.2-119.0	$76.7 \pm 13.8^*$	149.9-198.1	174.9±8.2	17.4-32.6	25.0±1.9*
Controls	44.3-109.1	71.9±12.1	149.9-198.1	175.1±8.1	13.1-31.4	23.4±3.1

* t-test p<0.01

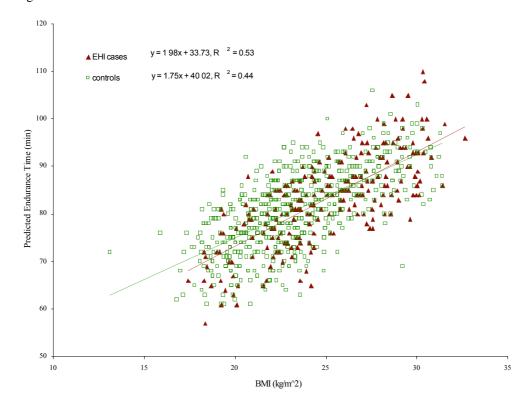
BMI can affect physical performance in various ways. Heat transfer is slower for larger masses with proportionally lower surface areas. Furthermore, a higher BMI could indicate lower fitness; a risk factor of EHI. In this empirical model, height and weight are considered for estimation of heat transfer rate between body and environment but are not factored into adjustments for physical fitness or relative work loads. EM is based primarily on data obtained from experiments on fit young men and does not make allowances for individual variations in physiological response. Comparisons of Marine Corps recruit anthropometry of EHI cases and controls are shown in Figure 1.

Figure 1. Weight and BMI of Marine Corps Recruits



The primary output variable of this model is predicted endurance time. Typically this refers to how many consecutive minutes of exercise could be performed at a given work rate. For this study, we were not looking at responses to one specific exercise bout but instead at how well the Marine Corps recruits fared over the course of several weeks with multiple work episodes of varying difficulty and duration. Figure 2 shows EM predicted endurance times during sustained heavy work (600W) of 83±9 min for the EHI cases and 81±8 minutes for controls (P<0.01).

Figure 2. Predicted Endurance Time vs BMI



References

- 1. Kark JA, Burr PQ, Wenger CB, Gastaldo E, Gardner JW. Exertional heat illness in Marine Corps recruit training. Aviat Space Environ Med. 1996 Apr;67(4):354-60.
- 2. Gardner JW, Kark JA. Clinical diagnosis, management, and surveillance of exertional heat illness. In: Lounsbury DE, Bellamy RF, Zajtchuk R, editors. Medical Aspects of Harsh Environments Volume 1. Washington, DC: Office of The Surgeon General at Textbooks of Military Medicine Publications; 2002. p. 231-79
- 3. Bricknell MC. Heat illness--a review of military experience (Part 2). J R Army Med Corps. 1996 Feb;142(1):34-42.
- 4. Phillips RA. The relationship between proinflammatory mediators and heat stress induced rhabdomyolysis in exercising marines. Crit Care Nurs Clin North Am. 2003 Jun;15(2):163-70, vii.
- 5. Gardner JW, Gutmann FD, Potter RN, Kark JA. Nontraumatic exercise-related deaths in the U.S. military, 1996-1999. Mil Med. 2002 Dec;167(12):964-70.
- 6. Scoville SL, Gardner JW, Magill AJ, Potter RN, Kark JA. Nontraumatic deaths during U.S. Armed Forces basic training, 1977-2001. Am J Prev Med. 2004 Apr;26(3):205-12.
- 7. Lugo-Amador NM, Rothenhaus T, Moyer P. Heat-related illness. Emerg Med Clin North Am. 2004 May;22(2):315-27, viii.
- 8. Barrow MW, Clark KA. Heat-related illnesses. Am Fam Physician. 1998 Sep 1;58(3):749-59.
- 9. Gardner, JW, Kark JA, Karnei K, Sanborn JS, Gastaldo E, Burr P, *et al.* Risk factors predicting exertional heat illness in male Marine Corps recruits. Med Sci Sports Exerc. 1996 Aug;28(8): 939-44.
- 10. Chung NK, Pin CH. Obesity and the occurrence of heat disorders. Mil Med. 1996 Dec; 161(12): 739-42.
- 11. Wallace RF. Risk factors and mortality in relation to heat illness severity. USARIEM Technical Report 3/14. Natick, MA, USA; 2003.
- 12. Nunneley SA, Reardon MJ. Prevention of heat illness. In: Lounsbury DE, Bellamy RF, Zajtchuk R, editors. Medical Aspects of Harsh Environments Volume 1. Washington, DC: Office of The Surgeon General at Textbooks of Military Medicine Publications; 2002. p. 209-30
- 13. Gonzalez, RR. Models useful for predicting human responses to the environment: Application to hazard material operations. J. Human Environ Sys. 4(1):1-10; 2000.
- 14. Gonzalez, *et al*. Heat strain models applicable for protective clothing systems: comparison of core temperature response J. appl. Physiol., 83(3), 1017-32; 1997.

- 15. Reardon MJ, Pandolf KB. Applications of Predictive Environmental Strain Models. Military Medicine vol. 162; 1997. p.136-40.
- 16. Shapiro Y, Moran D, Epstein, Y. Adjustment and validation of mathematical prediction model for sweat rate, heart rate and body temperature under outdoor conditions. Tel-Aviv University Technical Report; 1989.
- 17. Pandolf KB, *et al.* Prediction modeling of physiological responses and human performance in the heat. Comput. Biol. Med., 6, 319-29; 1986.
- Sawka, MN, Pandolf KB. Physical exercise in hot climates: physiology, performance, and biomedical issues. In: Lounsbury DE, Bellamy RF, Zajtchuk R, editors. Medical Aspects of Harsh Environments Volume 1. Washington, DC: Office of The Surgeon General at Textbooks of Military Medicine Publications; 2002. p. 87-133

Disclaimer

Approved for public release; distribution is unlimited. The opinions or assertions contained herein are the private views of the author(s) and are not to be construed as official or reflecting the views of the Army or the Department of Defense. The investigators have adhered to the policies for protection of human subjects as prescribed in Army Regulation 70-25, and the research was conducted in adherence with the provisions of 45 CFR Part 46. Human subjects participated in these studies after giving their free and informed voluntary consent. Investigators adhered to AR 70-25 and USAMRMC Regulation 70-25 on the use of volunteers in research. Any citations of commercial organizations and trade names in this report do not constitute an official Department of the Army endorsement of approval of the products or services of these organizations.